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Promoting Early Skin-to-Skin Contact and its Effect on Breastfeeding

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PATIENT CARE ISSUE

- **Implementation of skin-to-skin contact between mother and baby immediately following birth and its effects on:**
 - Successful breastfeeding initiation
 - Duration of breastfeeding
 - Breastfeeding exclusivity

EVIDENCE-BASED PRACTICE QUESTION

- Question:** Does skin-to-skin contact positively influence breastfeeding initiation, exclusivity, and duration vs. conventional care?
- **Population:** Expectant mothers and women planning to become pregnant who are planning to breastfeed
 - **Intervention:** Immediate implementation of skin-to-skin contact between mother and baby directly after birth
 - **Comparison:** Immediate skin-to-skin contact vs. conventional hospital care
 - **Outcome:** Skin-to-skin has a positive effect on breastfeeding initiation, exclusivity, and duration

METHODS

Database Searched	Date of Search	Keywords	Relevant Articles	Used Related Citations
MEDLINE	9/20/12	Skin to Skin, Breastfeeding	Moore et al. (2007)	
PUBMED	9/20/12	Kangaroo Care, Breastfeeding, Skin-to-Skin	Flacking et al. (2011)	
	9/21/12	Conventional Care, Breastfeeding Success, Newborns, 2005-present	Unproductive	#9. Carfoot et al. (2005) #52.Bystrova et al. (2009) #74. Bramson et al. (2010)
CINAHL	9/19/12	Kangaroo Care, Breastfeeding	Unproductive	
	9/20/12	Skin to Skin, Breastfeeding	Unproductive	
	9/21/12	Kangaroo Care, Breastfeeding	Hake-Brookes et al. (2008)	
Cochrane	9/20/12	Breastfeeding, Skin to Skin	Moore et al. (2012)	
	9/21/12	Kangaroo Care, Breastfeeding	Conde-Agudelo et al. (2011)	

REGISTERED NURSE INTERVIEW

- **An RN at Miami Valley Hospital (MVH) was interviewed with the following questions:**
 - Are you personally an advocate of skin-to-skin contact?
 - RN stated that she found it very important for bonding and transition into life
 - How do the nurses bring up the subject of skin-to-skin contact?
 - Nurses ask the mothers on admission if they would like to implement skin-to-skin care
 - RN stated that the majority of mothers bring this subject up first
 - Is there a set policy at MVH on skin-to-skin care?
 - There is not a set protocol on the implementation of skin-to-skin care
 - MVH is a “Baby Friendly” hospital, so early skin-to-skin contact is highly encouraged.
 - What is the attitude of mothers towards skin-to-skin care and breastfeeding?
 - RN stated that the majority (approximately 95%) of mothers were open to implementation of breastfeeding and kangaroo care

RESULTS

- Breastfeeding initiation**
- Four of the eight studies found SSC to be influential on immediate breastfeeding success (LOE I, II, II, IV)
- Breastfeeding exclusivity**
- Five out of the eight studies found that there was a significant increase in exclusive breastfeeding when skin-to-skin contact was implemented (LOE I, II, II, II, IV)
- Duration of breastfeeding**
- Evidence of longer duration of breastfeeding related to post birth skin-to-skin contact was supported in five of the eight articles reviewed (LOE I, II, II, IV, VI)

SYNTHESIS OF EVIDENCE

- Breastfeeding Initiation:**
- Standard conventional care interferes with these first moments after birth when the infant is most receptive to attachment to the breast (1)
 - Found statistically significant that immediate skin-to-skin has a positive effect on the first breastfeed (7)
 - Infants who received immediate skin-to-skin contact at birth displayed rooting and feeding behavior earlier than those who did not (M=45 minutes vs. 54 minutes) (8)
 - Recommended by the Academy of Pediatrics that healthy newborns be placed and remain in direct skin-to-skin mother-infant contact until after the first breastfeeding (1)
 - Found that women who experienced skin-to-skin contact early after delivery were very satisfied with the outcome (3)
- Breastfeeding Exclusivity:**
- The longer a mother experiences early skin-to-skin contact during the first three hours following birth, the more likely that she will breastfeed exclusively during her maternity hospitalization (1)
 - A higher percentage of kangaroo care mother-infant pairs breastfed at full exclusivity at discharge, six weeks, three months, and six months compared to the control group of conventional care (6)
- Breastfeeding Duration:**
- Mothers who implemented Kangaroo Mother Care were more likely to be breastfeeding at one-three months postpartum than the control (4)
 - New mothers who had SSC implemented upon birth were likely to breast feed in the first four months and also were inclined to breastfeed longer (8)
 - Mothers that were in a group that had more time of contact with their infants (20 minutes or longer) were found to breastfeed 3 months longer than those without any SSC (1)

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- The longer that skin-to-skin contact is implemented the more likely exclusive breastfeeding will occur (1)
- Infants should be placed directly skin-to-skin until after the first breastfeeding (1)
- Encourage immediate skin-to-skin contact, within first minute of life (8)
- Place infant prone on mother’s abdomen or chest (8)

LIMITATIONS

- Each study had different factors involved, and each one approached skin-to-skin contact from different angles
- Some of the studies did not show a marked difference between skin-to-skin and standard care (2, 3)
- The mother’s socioeconomic status; educational status, culture, and family influence her decision to initiate skin-to-skin contact as well as the decision to breast feed (1, 6)
- Documentation variability because of mother’s self-documentation (6, 8)

REFERENCES

1. Bramson, L., Lee, J., Moore, E., Montgomery, S., Neish, C., Bahjri, K., , & Melcher, C. (2010). Effect of early skin-to-skin mother--infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay. *Journal of Human Lactation*, 26(2), 130-7. doi:10.1177/0890334409355779

2. Bystrova, K., Ivanova, V., Edhborg, M., Matthiesen, A., Ransj, ö-Arvidson, A.,öm, A. (2009). Early contact versus separation: effects on mother-infant interaction one year later. *Birth: Issues in Perinatal Care*, 36(2), 97-109. doi:10.1111/j.1523-536X.2009.00307.x

3. Carfoot, S., Williamson, P., , & Dickson, R. (2005). A randomised controlled trial in the north of England examining the effects of skin-to-skin care on breast-feeding. *Midwifery*, 21(1), 71-79. doi:10.1016/j.midw.2004.09.002

4. Conde-Agudelo, A., Belizán, J., & Diaz-Rossello, J. (2011). Kangaroo mother care to reduce morbidity and mortality in low birth weight infants. *Cochrane Database Of Systematic Reviews*, (3), doi:10.1002/14651858.CD002771

5. Flacking, R., Ewald, U., & Wallin, L. (2011). Positive Effect of Kangaroo Mother Care on Long-Term Breastfeeding in Very Preterm Infants. *JOGNN: Journal Of Obstetric, Gynecologic & Neonatal Nursing*, 40(2), 190-197. doi:10.1111/j.1552-6909.2011.01226.x

6. Hake-Brooks, S., & Anderson, G. (2008). Kangaroo care and breastfeeding of mother-preterm infant dyads 0-18 months: a randomized, controlled trial. *Neonatal Network*, 27(3), 151-159.

7. Moore, E. (2012). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database Of Systematic Reviews*, (5),

8. Moore, E., & Anderson, G. (2007). Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status. *Journal Of Midwifery & Women's Health*, 52(2), 116-125.

9. Titler, M.G., Kleibler, C., Steelman, V. J., Rakel, B. A., Budreau, G., Everett, L. Q., et al. (2001). The Iowa model of evidence-based practice to promote quality of care. *Critical Care Nursing Clinics of North America*.